

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010824

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1376

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
10 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. MARYS HOSPInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Chay

c. CITY
OR TOWN

NORTH KANSAS CITY

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

419 EAST 29th AVE.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ORVILLE HERCHEL CARTER JR.

4. DATE
OF DEATH

Month

Day

Year

MAR. 8, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-18-97

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAIL ROADER

10b. KIND OF BUSINESS OR INDUSTRY

UNION PACIFIC RR. Ord, Nebr Kentucky

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

ORVILLE H. CARTER SR.

13b. MOTHER'S MAIDEN NAME

VIOLE HOGAN

14. NAME OF HUSBAND OR WIFE

THERESA CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES

(If yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

5 THERESA CARTER 419 EAST 29th AVE.

N.K.C. MO.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-25-62 to 3-8-62 and last saw her alive on 3-7-62

Death occurred at 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Graham Owens M.D.

22b. ADDRESS

Union Station KCMO

22c. DATE SIGNED

3-9-62

23. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAR. 10. 1962

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Cem.

23d. LOCATION (City, town, or county)

GLADSTONE, MO.

24. FUNERAL DIRECTOR

ADDRESS

D.W. Newcomer's Sons - KANSAS CITY

25. DATE RECD. BY LOCAL REG.

3-9-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

3-9-62

INSTEAD OF

Kentucky

SHOULD READ

Ord, Nebraska

DOCUMENT

BY AFFIDAVIT OF Wife

MEDICAL CERTIFICATION

Graham Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin D. Persi

Licensed Embalmer No. 5040

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.